

Application or Docket Number

Substitute for Form PTO-875

Application or Docket Number
10694145

(Column 1) (Column 2)

MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(i))

* If the difference in column 1 is less than zero, enter "0" in column 2.

7/25/05 (Column 1)	(Column 2)	(Column 3)
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(b))

TOTAL

OR

OTHER THAN
SMALL ENTITYTOTAL

(Column 1)	(Column 2)	(Column 3)
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I))

TOTAL .
ADD'L FEE

RATE (\$)	ADDITIONAL FEE (\$)
1.00	0.00
2.00	0.00
3.00	0.00
4.00	0.00
5.00	0.00
6.00	0.00
7.00	0.00
8.00	0.00
9.00	0.00
10.00	0.00
11.00	0.00
12.00	0.00
13.00	0.00
14.00	0.00
15.00	0.00
16.00	0.00
17.00	0.00
18.00	0.00
19.00	0.00
20.00	0.00
21.00	0.00
22.00	0.00
23.00	0.00
24.00	0.00
25.00	0.00
26.00	0.00
27.00	0.00
28.00	0.00
29.00	0.00
30.00	0.00
31.00	0.00
32.00	0.00
33.00	0.00
34.00	0.00
35.00	0.00
36.00	0.00
37.00	0.00
38.00	0.00
39.00	0.00
40.00	0.00
41.00	0.00
42.00	0.00
43.00	0.00
44.00	0.00
45.00	0.00
46.00	0.00
47.00	0.00
48.00	0.00
49.00	0.00
50.00	0.00
51.00	0.00
52.00	0.00
53.00	0.00
54.00	0.00
55.00	0.00
56.00	0.00
57.00	0.00
58.00	0.00
59.00	0.00
60.00	0.00
61.00	0.00
62.00	0.00
63.00	0.00
64.00	0.00
65.00	0.00
66.00	0.00
67.00	0.00
68.00	0.00
69.00	0.00
70.00	0.00
71.00	0.00
72.00	0.00
73.00	0.00
74.00	0.00
75.00	0.00
76.00	0.00
77.00	0.00
78.00	0.00
79.00	0.00
80.00	0.00
81.00	0.00
82.00	0.00
83.00	0.00
84.00	0.00
85.00	0.00
86.00	0.00
87.00	0.00
88.00	0.00
89.00	0.00
90.00	0.00
91.00	0.00
92.00	0.00
93.00	0.00
94.00	0.00
95.00	0.00
96.00	0.00
97.00	0.00
98.00	0.00
99.00	0.00
100.00	0.00

OR

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10694145

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	38	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	38 minus 20 =	* 18
INDEPENDENT CLAIMS	8 minus 3 =	* 5
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
X\$18=	324
X86=	430
+290=	
TOTAL	1524

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.